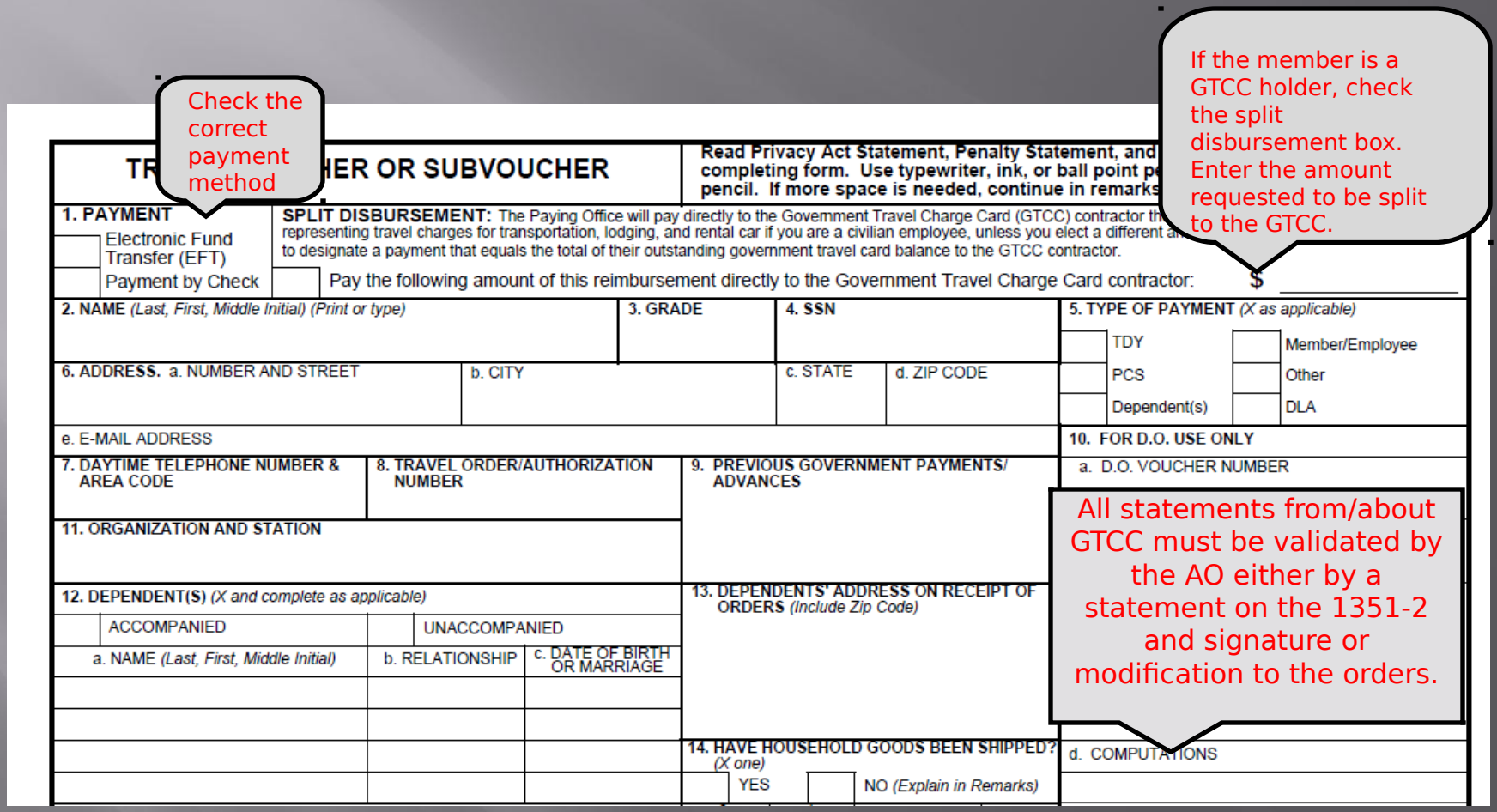
HOW TO PROPERLY COMPLETE A 1351-2 FORM

By LCpl Lindsey

Getting started



Check the correct payment method

If the member is a GTCC holder, check the split disbursement box. Enter the amount requested to be split to the GTCC.

All statements from/about GTCC must be validated by the AO either by a statement on the 1351-2 and signature or modification to the orders.

TR HER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and
completing form. Use typewriter, ink, or ball point pe
pencil. If more space is needed, continue in remarks

1. PAYMENT
- Electronic Fund Transfer (EFT)
- Payment by Check

SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor th
representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different a
to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.

Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ _____

2. NAME (Last, First, Middle Initial) (Print or type)	3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)
			TDY / Member/Employee; PCS / Other; Dependent(s) / DLA

6. ADDRESS. a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE

e. E-MAIL ADDRESS

10. FOR D.O. USE ONLY

a. D.O. VOUCHER NUMBER

7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES

11. ORGANIZATION AND STATION

12. DEPENDENT(S) (X and complete as applicable)

ACCOMPANIED / UNACCOMPANIED

a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE

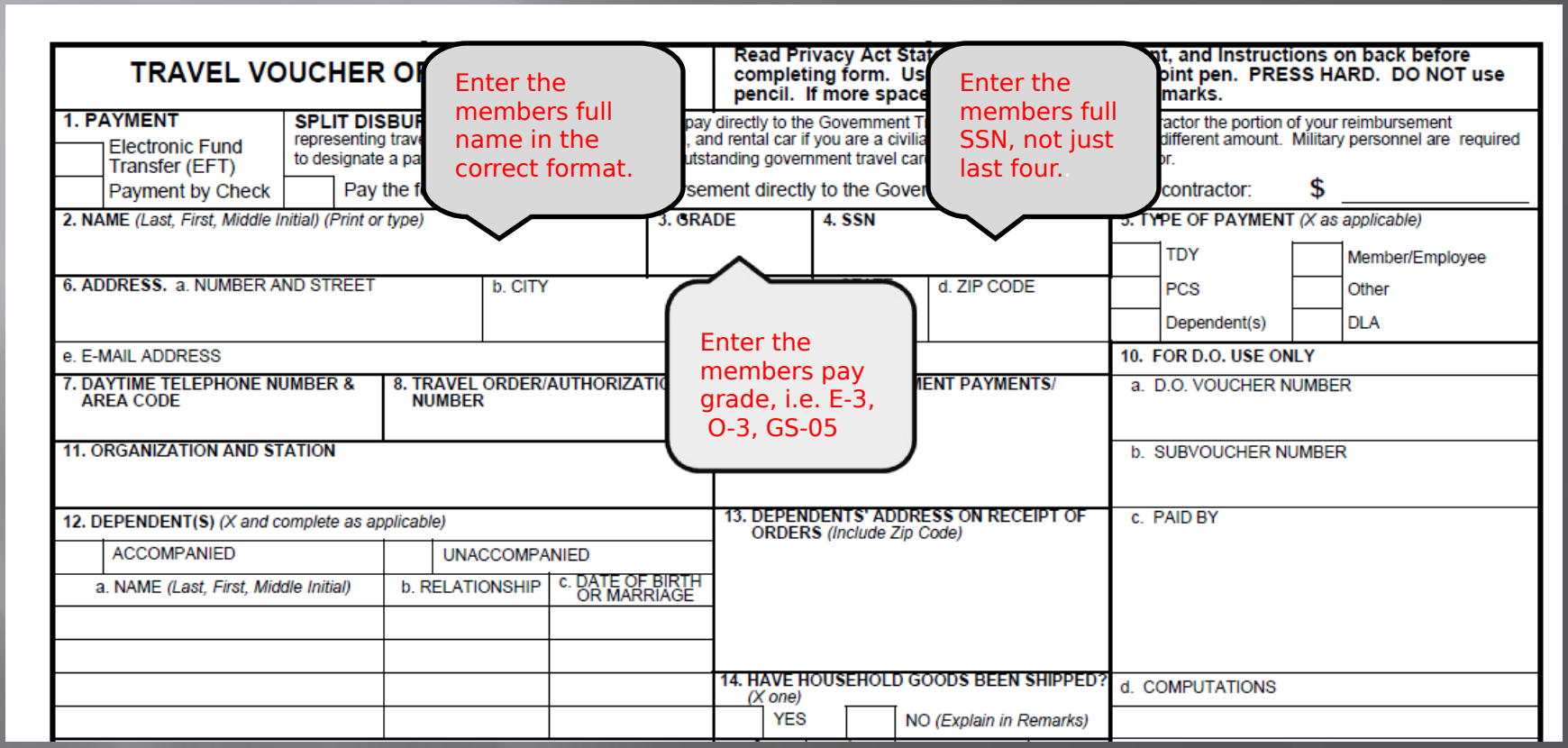
13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)

YES / NO (Explain in Remarks)

d. COMPUTATIONS

Box number two through four


TRAVEL VOUCHER OF
Read Privacy Act Stat
completing form. Us
pencil. If more space
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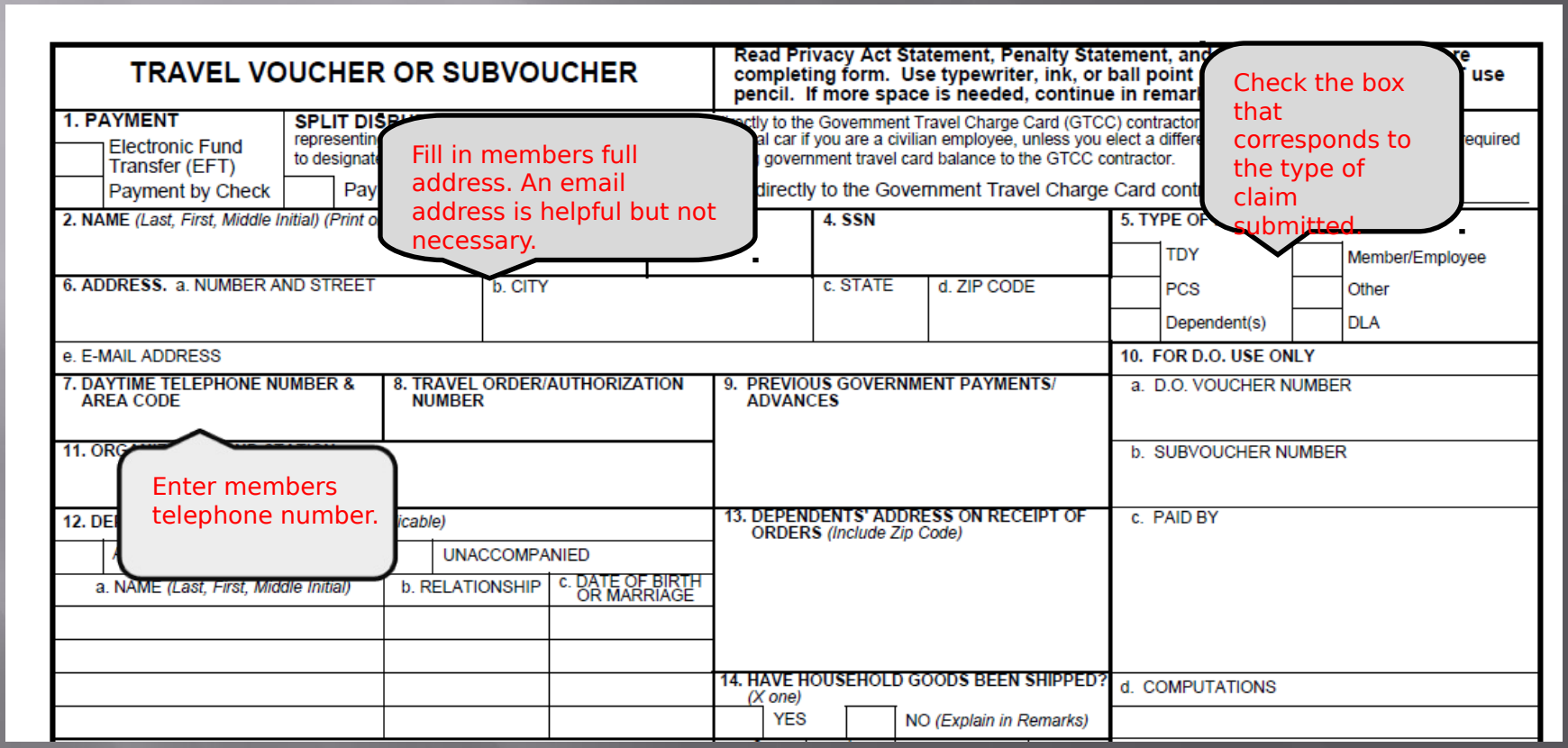
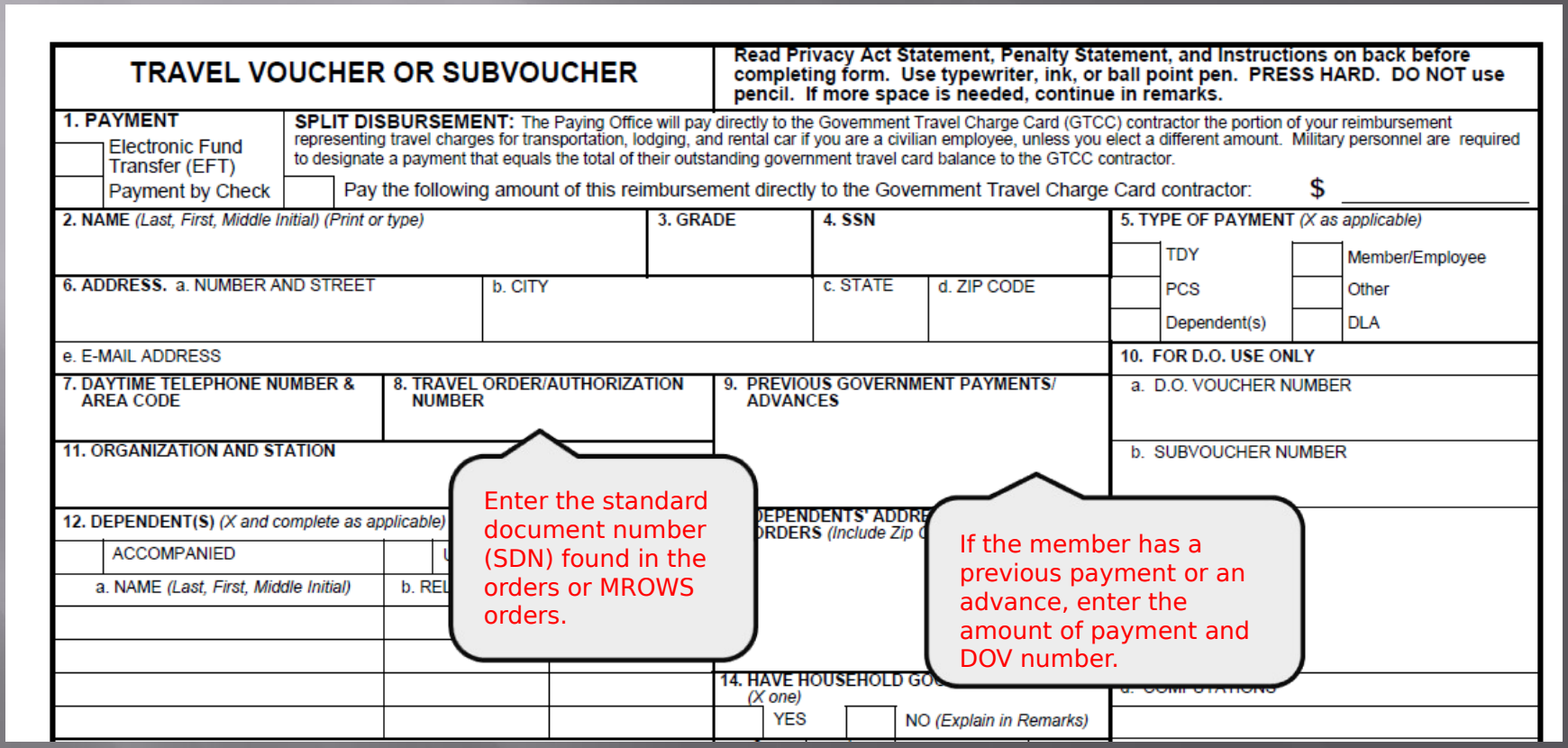
oint pen. PRESS HARD. DO NOT use
marks.
1. PAYMENT
Electronic Fund Transfer (EFT)
Payment by Check
SPLIT DISBUR
representing trave
to designate a pa
Pay the f
pay directly to the Government T
, and rental car if you are a civilia
utstanding government travel car
sement directly to the Gover
actor the portion of your reimbursement
different amount. Military personnel are required
or.
contractor: $
2. NAME (Last, First, Middle Initial) (Print or type)
3. GRADE
4. SSN
5. TYPE OF PAYMENT (X as applicable)
TDY
PCS
Dependent(s)
Member/Employee
Other
DLA
6. ADDRESS. a. NUMBER AND STREET
b. CITY
d. ZIP CODE
e. E-MAIL ADDRESS
7. DAYTIME TELEPHONE NUMBER & AREA CODE
8. TRAVEL ORDER/AUTHORIZATI
NUMBER
ENT PAYMENTS/
10. FOR D.O. USE ONLY
a. D.O. VOUCHER NUMBER
11. ORGANIZATION AND STATION
b. SUBVOUCHER NUMBER
12. DEPENDENT(S) (X and complete as applicable)
ACCOMPANIED
UNACCOMPANIED
a. NAME (Last, First, Middle Initial)
b. RELATIONSHIP
c. DATE OF BIRTH OR MARRIAGE
13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)
c. PAID BY
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)
YES
NO (Explain in Remarks)
d. COMPUTATIONS
Enter the members full name in the correct format.
Enter the members full SSN, not just last four.
Enter the members pay grade, i.e. E-3, O-3, GS-05

Box five, six and seven


TRAVEL VOUCHER OR SUBVOUCHER
Read Privacy Act Statement, Penalty Statement, and
completing form. Use typewriter, ink, or ball point
pencil. If more space is needed, continue in remar
use
1. PAYMENT
Electronic Fund Transfer (EFT)
Payment by Check
SPLIT DISB
representin
to designate
Pay
ctly to the Government Travel Charge Card (GTCC) contractor
al car if you are a civilian employee, unless you elect a differe
government travel card balance to the GTCC contractor.
directly to the Government Travel Charge Card cont
required
2. NAME (Last, First, Middle Initial) (Print o
4. SSN
5. TYPE OF
TDY
PCS
Dependent(s)
Member/Employee
Other
DLA
6. ADDRESS. a. NUMBER AND STREET
b. CITY
c. STATE
d. ZIP CODE
e. E-MAIL ADDRESS
10. FOR D.O. USE ONLY
7. DAYTIME TELEPHONE NUMBER & AREA CODE
8. TRAVEL ORDER/AUTHORIZATION NUMBER
9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES
a. D.O. VOUCHER NUMBER
11. ORG
b. SUBVOUCHER NUMBER
12. DE
icable)
UNACCOMPANIED
a. NAME (Last, First, Middle Initial)
b. RELATIONSHIP
c. DATE OF BIRTH OR MARRIAGE
13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)
c. PAID BY
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)
YES
NO (Explain in Remarks)
d. COMPUTATIONS
Fill in members full address. An email address is helpful but not necessary.
Check the box that corresponds to the type of claim submitted.
Enter members telephone number.

Boxes eight and nine



TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

1. PAYMENT
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- Payment by Check

SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.

Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ _____

2. NAME *(Last, First, Middle Initial) (Print or type)*	3. GRADE	4. SSN	5. TYPE OF PAYMENT *(X as applicable)*
			TDY / PCS / Dependent(s) / Member/Employee / Other / DLA

6. ADDRESS. a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE

e. E-MAIL ADDRESS

7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES	10. FOR D.O. USE ONLY
			a. D.O. VOUCHER NUMBER
			b. SUBVOUCHER NUMBER

11. ORGANIZATION AND STATION

12. DEPENDENT(S) *(X and complete as applicable)*

ACCOMPANIED

a. NAME *(Last, First, Middle Initial)* | b. REL

DEPENDENTS' ADDRE… ORDERS *(Include Zip C…*

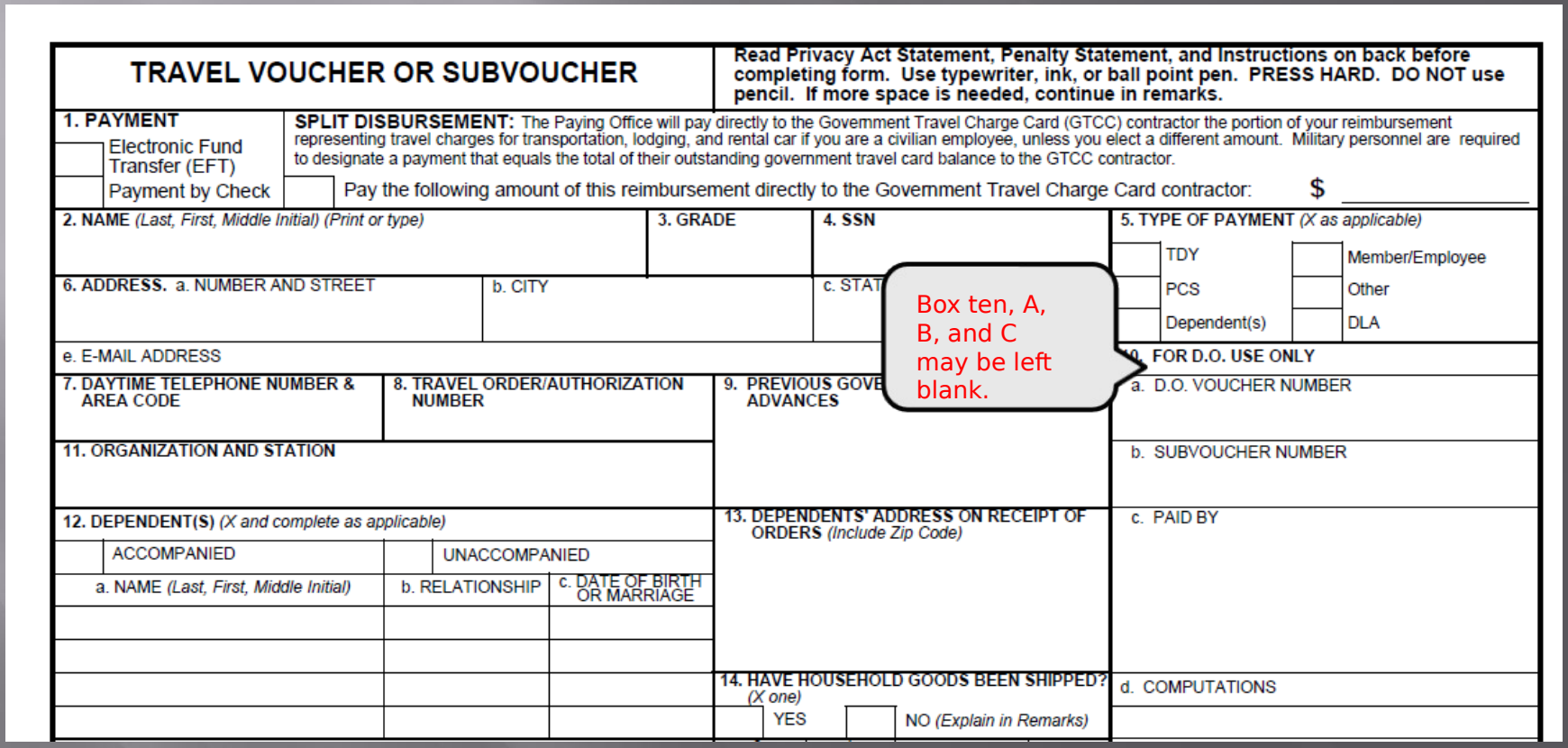
14. HAVE HOUSEHOLD GO… *(X one)*

YES / NO *(Explain in Remarks)*

Enter the standard document number (SDN) found in the orders or MROWS orders.

If the member has a previous payment or an advance, enter the amount of payment and DOV number.

Box ten



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2. NAME *(Last, First, Middle Initial) (Print or type)*	3. GRADE	4. SSN	5. TYPE OF PAYMENT *(X as applicable)*
			☐ TDY ☐ Member/Employee ☐ PCS ☐ Other ☐ Dependent(s) ☐ DLA

6. ADDRESS. a. NUMBER AND STREET	b. CITY	c. STAT

e. E-MAIL ADDRESS

7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVE ADVANCES

10. FOR D.O. USE ONLY

a. D.O. VOUCHER NUMBER

b. SUBVOUCHER NUMBER

c. PAID BY

d. COMPUTATIONS

11. ORGANIZATION AND STATION

12. DEPENDENT(S) *(X and complete as applicable)*

☐ ACCOMPANIED ☐ UNACCOMPANIED

a. NAME *(Last, First, Middle Initial)*	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE

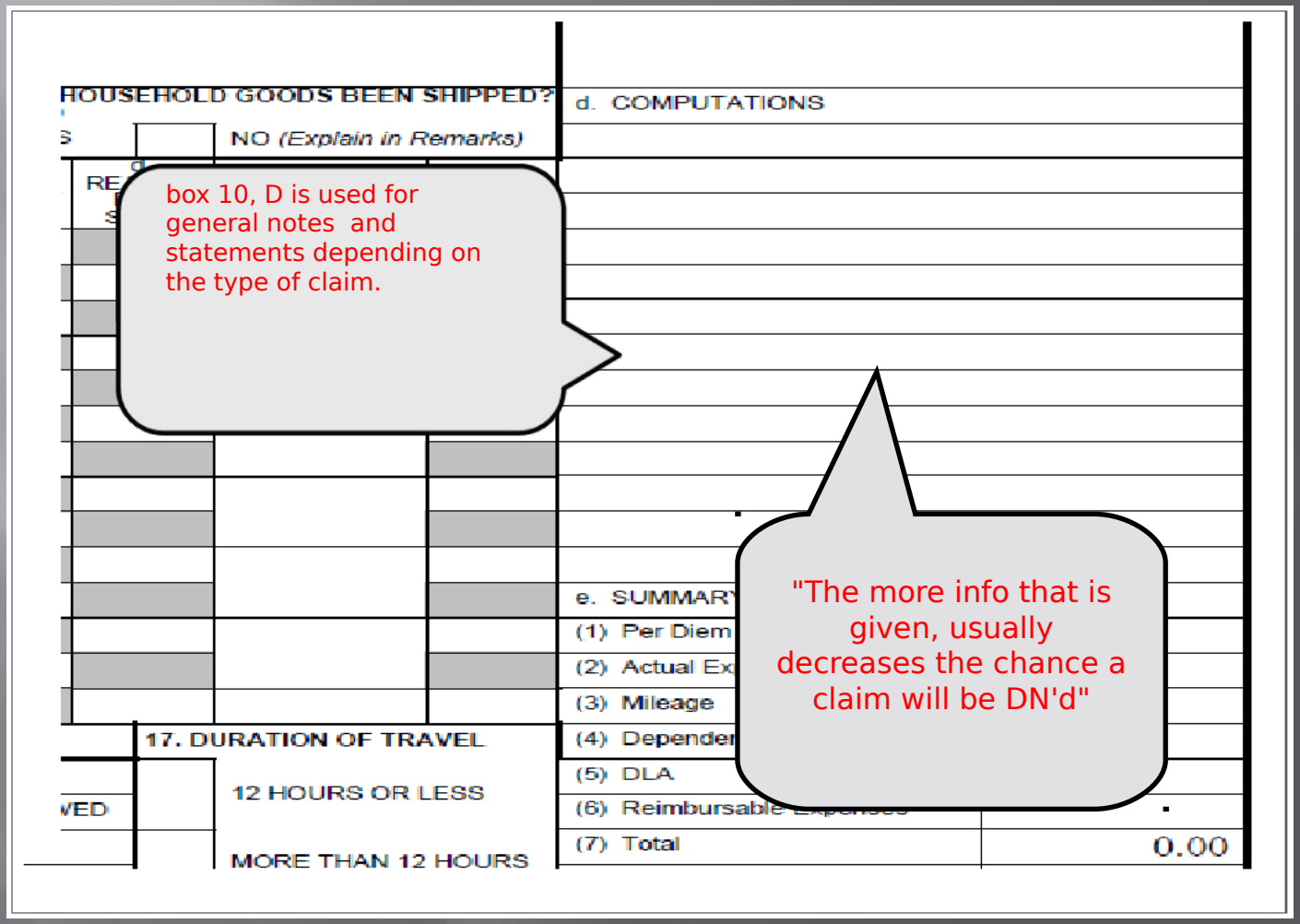
13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS *(Include Zip Code)*

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? *(X one)*

☐ YES ☐ NO *(Explain in Remarks)*

Box ten, A, B, and C may be left blank.

Box ten


HOUSEHOLD GOODS BEEN SHIPPED?
NO (Explain in Remarks)
d. COMPUTATIONS
box 10, D is used for general notes and statements depending on the type of claim.
"The more info that is given, usually decreases the chance a claim will be DN'd"
e. SUMMARY
(1) Per Diem
(2) Actual Ex
(3) Mileage
(4) Dependen
(5) DLA
(6) Reimbursable
(7) Total
0.00
17. DURATION OF TRAVEL
12 HOURS OR LESS
MORE THAN 12 HOURS

Box ten

- If the claim submitted is a 30 day partial, per TAN 13-03, the following statements must be annotated.
- The sequential number of partial submitted.
- CCTAD (concurrent TAD)
- Leave (include exact dates even though it is shown in the itinerary as well)
- PDMRA (post deployment/ mobilization respite absence)
- VR (voluntary return to PLEAD)

Box ten

The following statements may be used for any applicable claim.

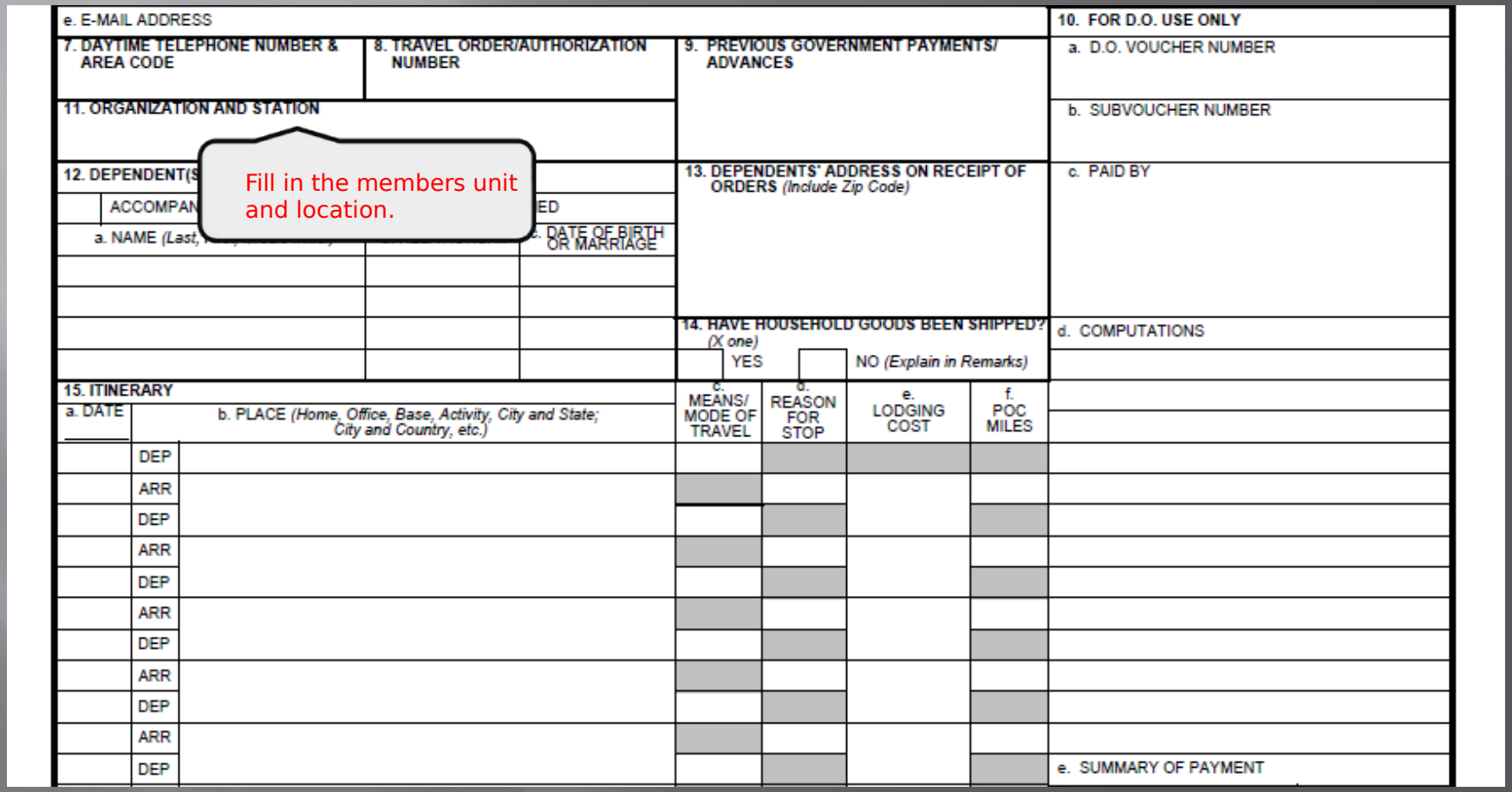
If a member's orders state that they are a government charge card holder and the Approving Official has a valid reason why the mandatory split amount should not go to their card, it must be stated and signed off by the Approving Official. Also if member no longer holds a government charge card, the statement "not a GTCC holder" is a must.

The member must state if the period of the itinerary covers back to back orders.

Box ten

- Any other statements that the member or admin clerk may feel necessary for proper reimbursement of claim are welcomed, but must be endorsed by the approving official if notes are authoring further entitlements or direction.
- The more information that is given, usually decreases the chance a claim will be DN.

Box eleven



e. E-MAIL ADDRESS

7. DAYTIME TELEPHONE NUMBER & AREA CODE

8. TRAVEL ORDER/AUTHORIZATION NUMBER

9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES

10. FOR D.O. USE ONLY

a. D.O. VOUCHER NUMBER

b. SUBVOUCHER NUMBER

11. ORGANIZATION AND STATION

12. DEPENDENT(S

ACCOMPAN ED

a. NAME (Last,

c. DATE OF BIRTH OR MARRIAGE

Fill in the members unit and location.

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)

c. PAID BY

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)

YES NO (Explain in Remarks)

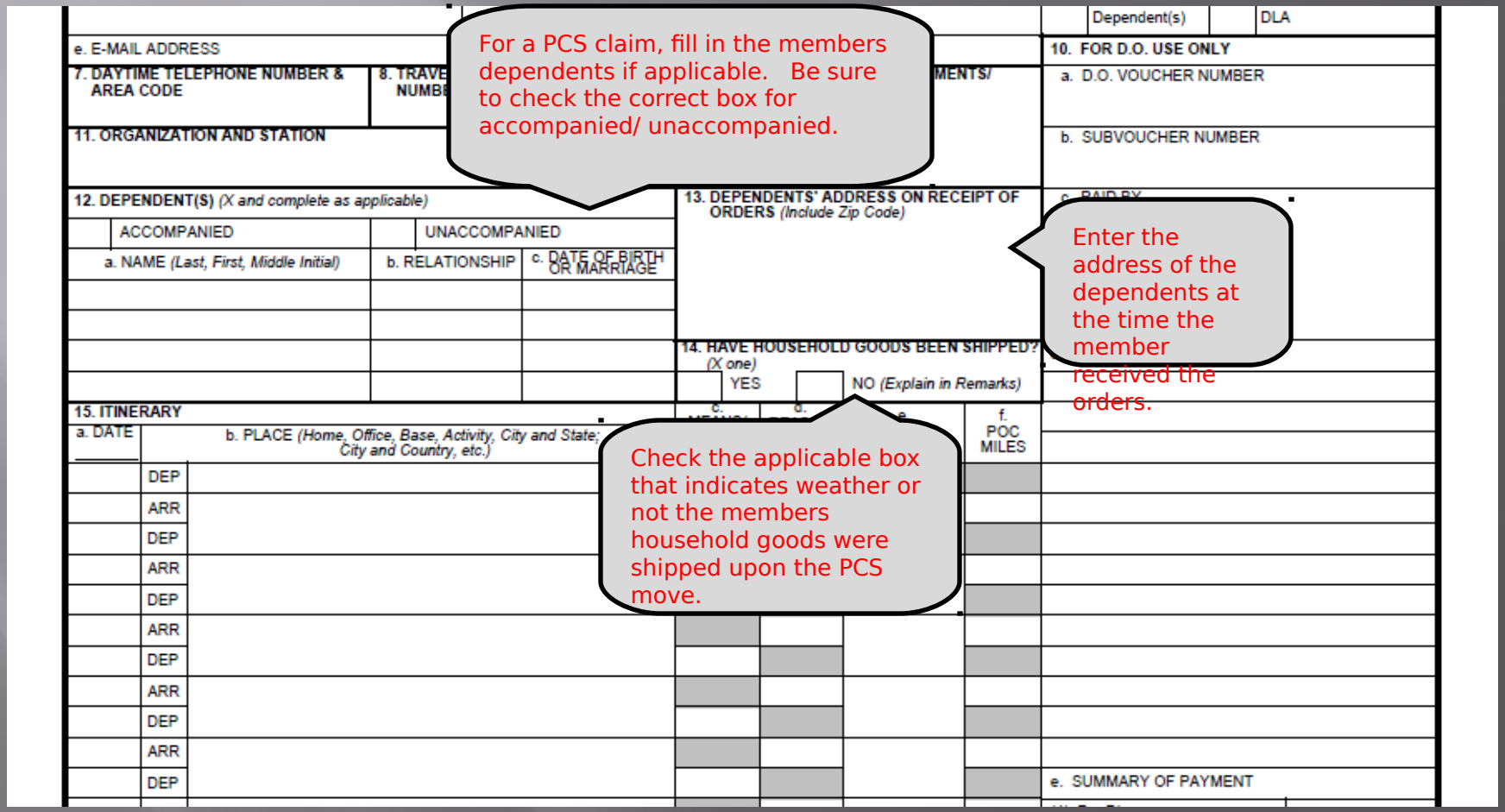
d. COMPUTATIONS

15. ITINERARY

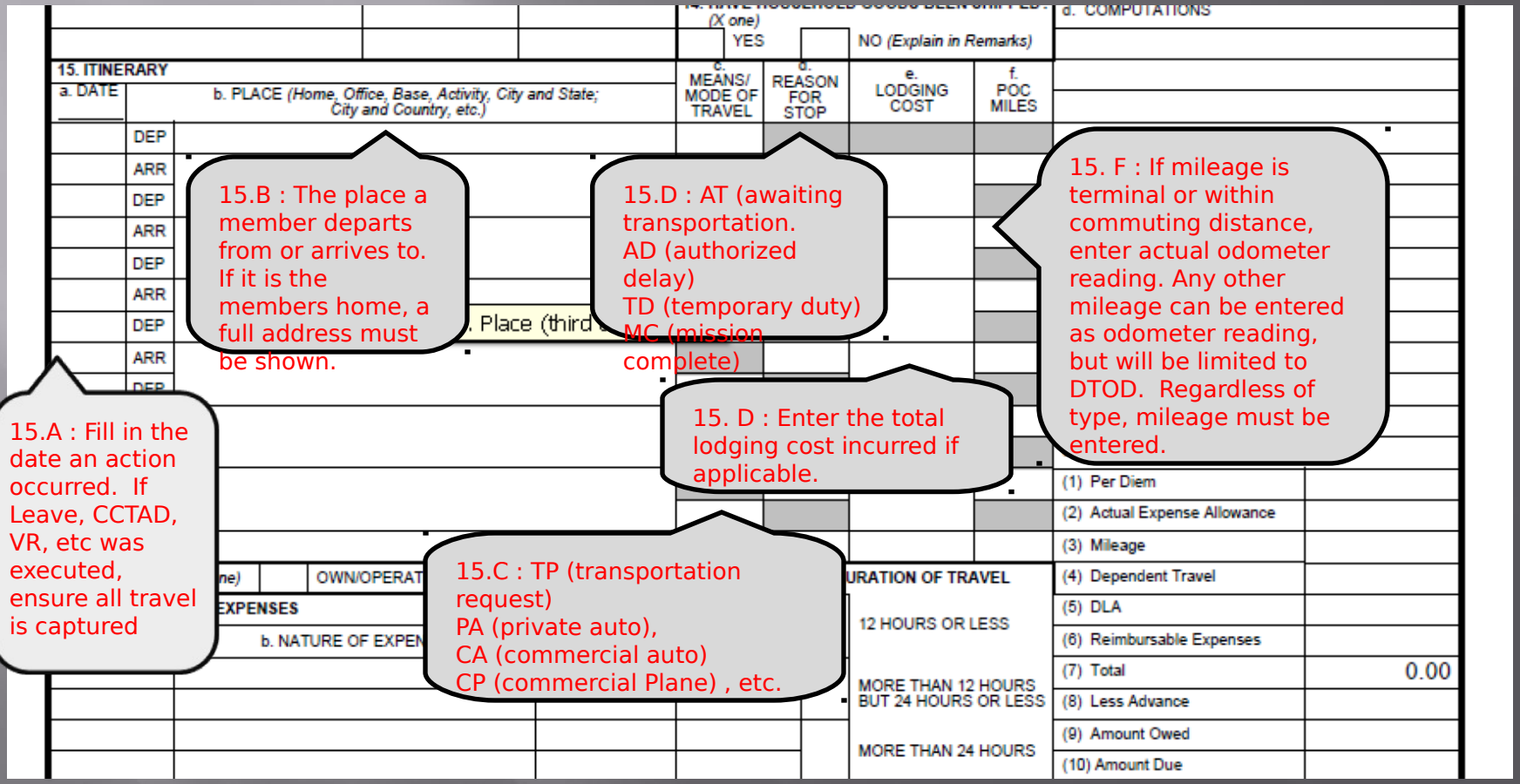
a. DATE		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					

e. SUMMARY OF PAYMENT

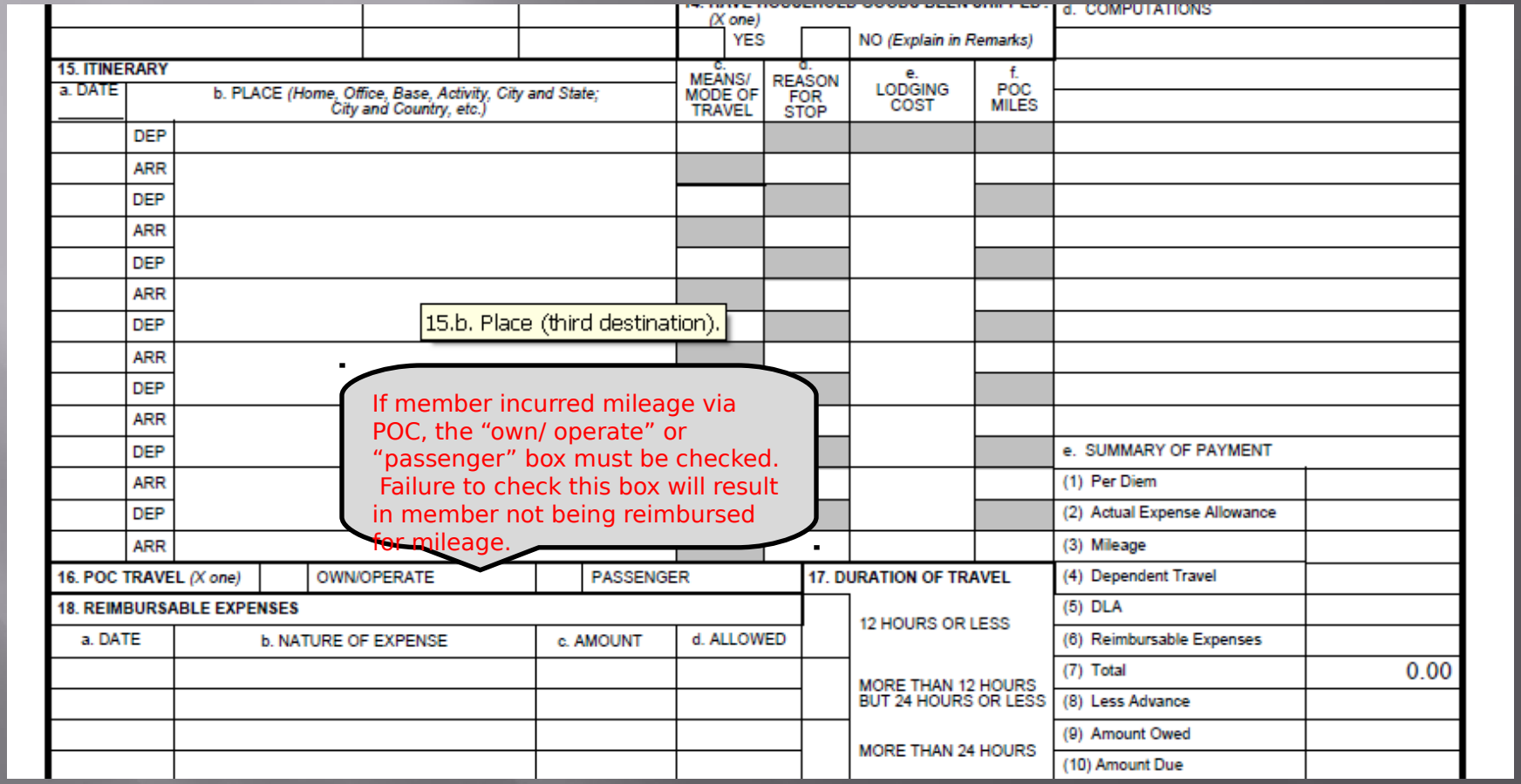
Box twelve, thirteen and fourteen


For a PCS claim, fill in the members dependents if applicable. Be sure to check the correct box for accompanied/ unaccompanied.
Enter the address of the dependents at the time the member received the orders.
Check the applicable box that indicates weather or not the members household goods were shipped upon the PCS move.
Dependent(s)
DLA
e. E-MAIL ADDRESS
10. FOR D.O. USE ONLY
a. D.O. VOUCHER NUMBER
7. DAYTIME TELEPHONE NUMBER & AREA CODE
11. ORGANIZATION AND STATION
b. SUBVOUCHER NUMBER
12. DEPENDENT(S) (X and complete as applicable)
13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)
ACCOMPANIED
UNACCOMPANIED
a. NAME (Last, First, Middle Initial)
b. RELATIONSHIP
c. DATE OF BIRTH OR MARRIAGE
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)
YES
NO (Explain in Remarks)
15. ITINERARY
a. DATE
b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)
f. POC MILES
DEP
ARR
e. SUMMARY OF PAYMENT

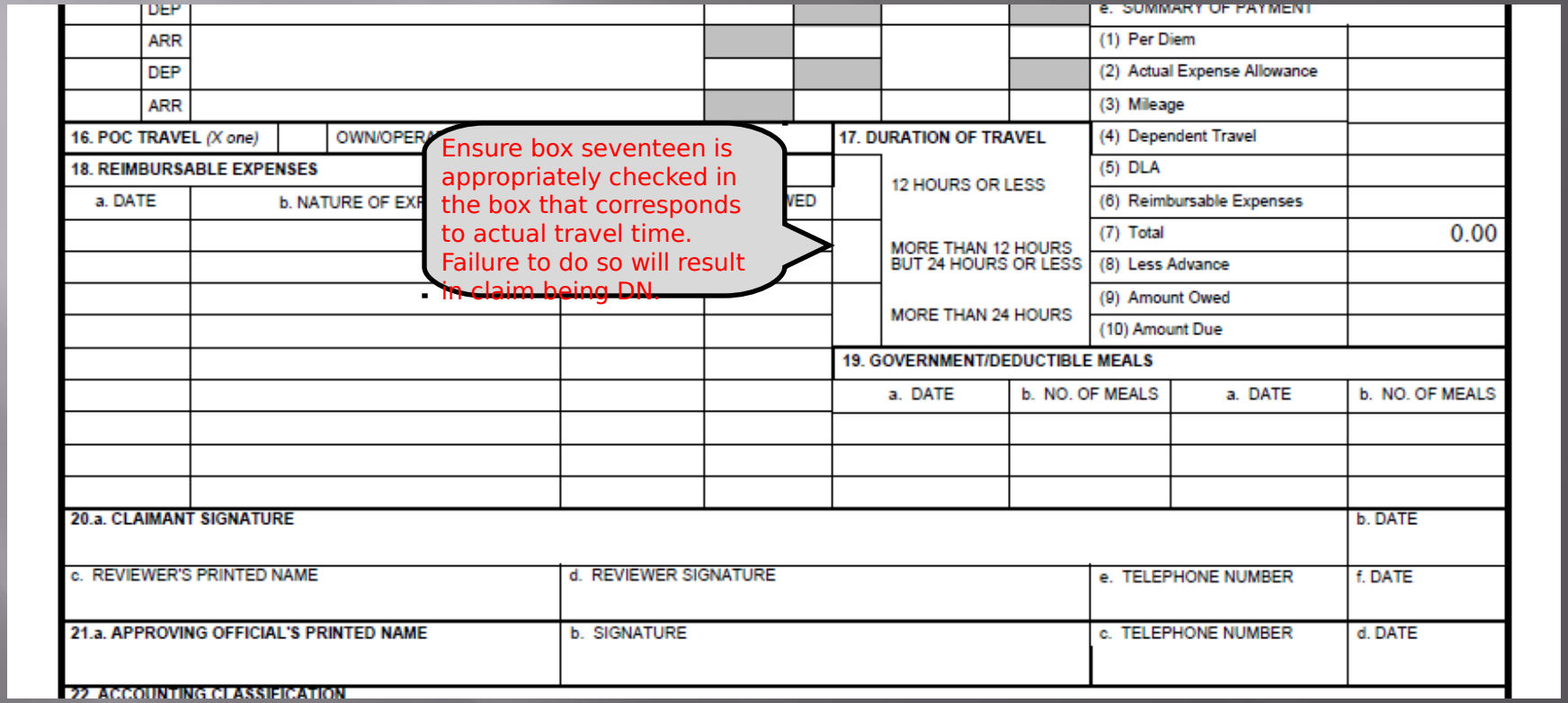
Box fifteen (the itinerary)


(X one)
YES
NO (Explain in Remarks)
d. COMPUTATIONS
15. ITINERARY
a. DATE
b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)
c. MEANS/ MODE OF TRAVEL
d. REASON FOR STOP
e. LODGING COST
f. POC MILES
DEP
ARR
15.B : The place a member departs from or arrives to. If it is the members home, a full address must be shown.
15.D : AT (awaiting transportation.
AD (authorized delay)
TD (temporary duty)
MC (mission complete)
15. F : If mileage is terminal or within commuting distance, enter actual odometer reading. Any other mileage can be entered as odometer reading, but will be limited to DTOD. Regardless of type, mileage must be entered.
15.A : Fill in the date an action occurred. If Leave, CCTAD, VR, etc was executed, ensure all travel is captured
15. D : Enter the total lodging cost incurred if applicable.
15.C : TP (transportation request)
PA (private auto),
CA (commercial auto)
CP (commercial Plane) , etc.
OWN/OPERAT
EXPENSES
b. NATURE OF EXPEN
URATION OF TRAVEL
12 HOURS OR LESS
MORE THAN 12 HOURS BUT 24 HOURS OR LESS
MORE THAN 24 HOURS
(1) Per Diem
(2) Actual Expense Allowance
(3) Mileage
(4) Dependent Travel
(5) DLA
(6) Reimbursable Expenses
(7) Total
0.00
(8) Less Advance
(9) Amount Owed
(10) Amount Due

Box sixteen

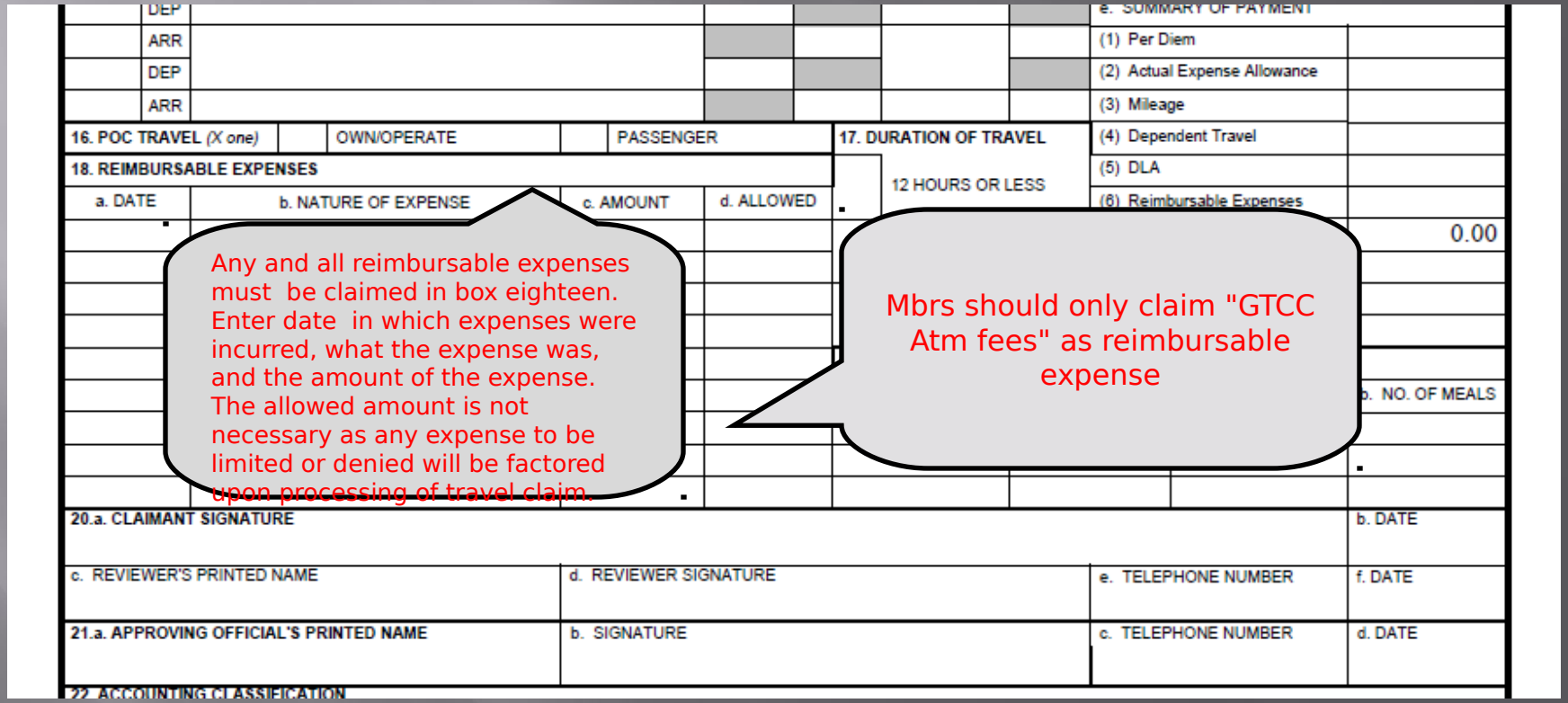

(X one)
YES
NO (Explain in Remarks)
d. COMPUTATIONS
15. ITINERARY
a. DATE
b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)
c. MEANS/ MODE OF TRAVEL
d. REASON FOR STOP
e. LODGING COST
f. POC MILES
DEP
ARR
15.b. Place (third destination).
If member incurred mileage via POC, the "own/ operate" or "passenger" box must be checked. Failure to check this box will result in member not being reimbursed for mileage.
e. SUMMARY OF PAYMENT
(1) Per Diem
(2) Actual Expense Allowance
(3) Mileage
(4) Dependent Travel
(5) DLA
(6) Reimbursable Expenses
(7) Total
0.00
(8) Less Advance
(9) Amount Owed
(10) Amount Due
16. POC TRAVEL (X one)
OWN/OPERATE
PASSENGER
17. DURATION OF TRAVEL
12 HOURS OR LESS
MORE THAN 12 HOURS BUT 24 HOURS OR LESS
MORE THAN 24 HOURS
18. REIMBURSABLE EXPENSES
a. DATE
b. NATURE OF EXPENSE
c. AMOUNT
d. ALLOWED

Box seventeen



Ensure box seventeen is appropriately checked in the box that corresponds to actual travel time. Failure to do so will result in claim being DN.

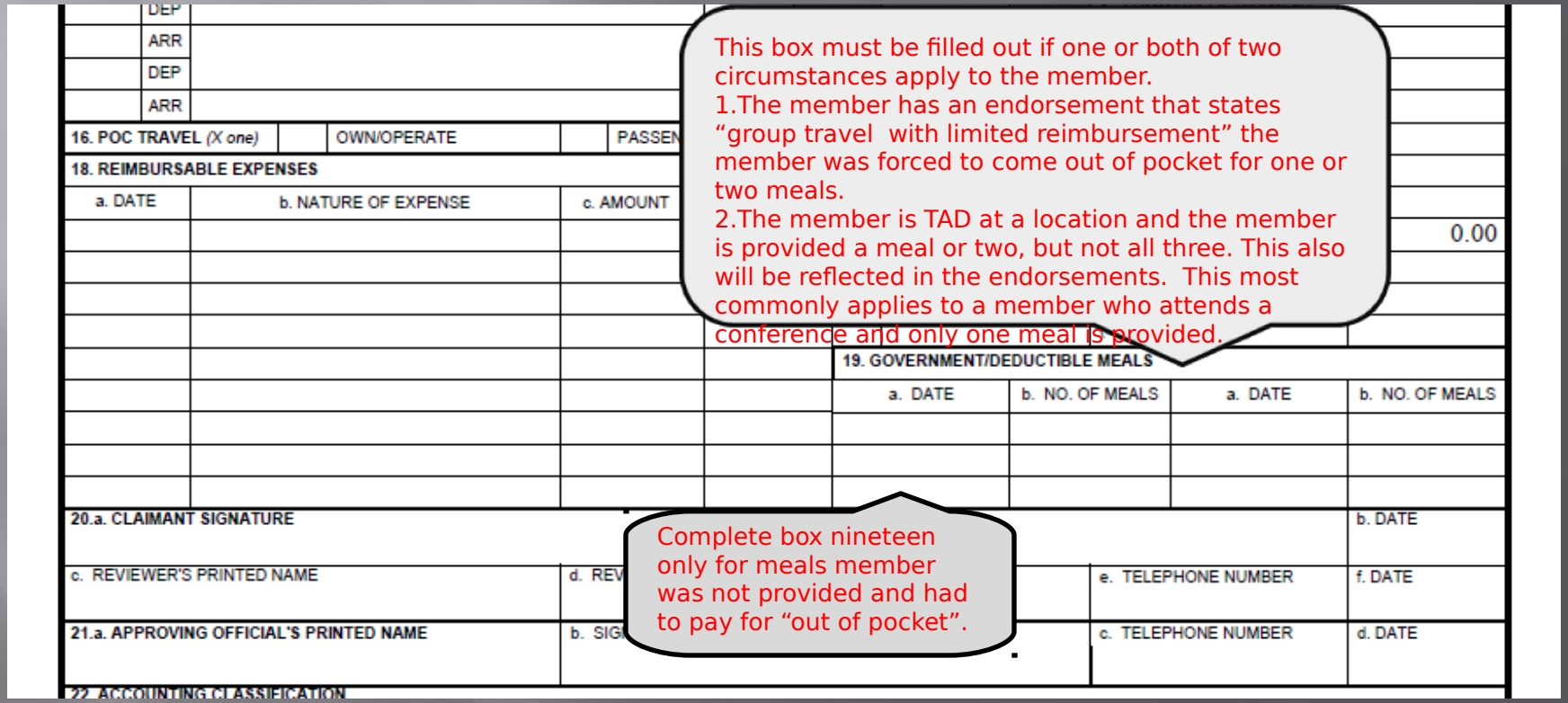
Box eighteen


DEP
ARR
DEP
ARR
e. SUMMARY OF PAYMENT
(1) Per Diem
(2) Actual Expense Allowance
(3) Mileage
(4) Dependent Travel
(5) DLA
(6) Reimbursable Expenses
16. POC TRAVEL (X one)
OWN/OPERATE
PASSENGER
17. DURATION OF TRAVEL
12 HOURS OR LESS
18. REIMBURSABLE EXPENSES
a. DATE
b. NATURE OF EXPENSE
c. AMOUNT
d. ALLOWED
0.00
b. NO. OF MEALS
Any and all reimbursable expenses must be claimed in box eighteen. Enter date in which expenses were incurred, what the expense was, and the amount of the expense. The allowed amount is not necessary as any expense to be limited or denied will be factored upon processing of travel claim.
Mbrs should only claim "GTCC Atm fees" as reimbursable expense
20.a. CLAIMANT SIGNATURE
b. DATE
c. REVIEWER'S PRINTED NAME
d. REVIEWER SIGNATURE
e. TELEPHONE NUMBER
f. DATE
21.a. APPROVING OFFICIAL'S PRINTED NAME
b. SIGNATURE
c. TELEPHONE NUMBER
d. DATE
22. ACCOUNTING CLASSIFICATION

Box eighteen notes

- If box eighteen is not of sufficient size, multiple 1351-2 forms may be used.
- Total lodging amounts for a given location must be entered.
- Enter total lodging taxes separately.
- Enter rental car expense separate from fuel and maintenance items.
- Enter GTCC ATM cash advance fees as just the fees, not the total amount of the withdrawl (only GTCC fees should be claimed not individual’s personal card fees).

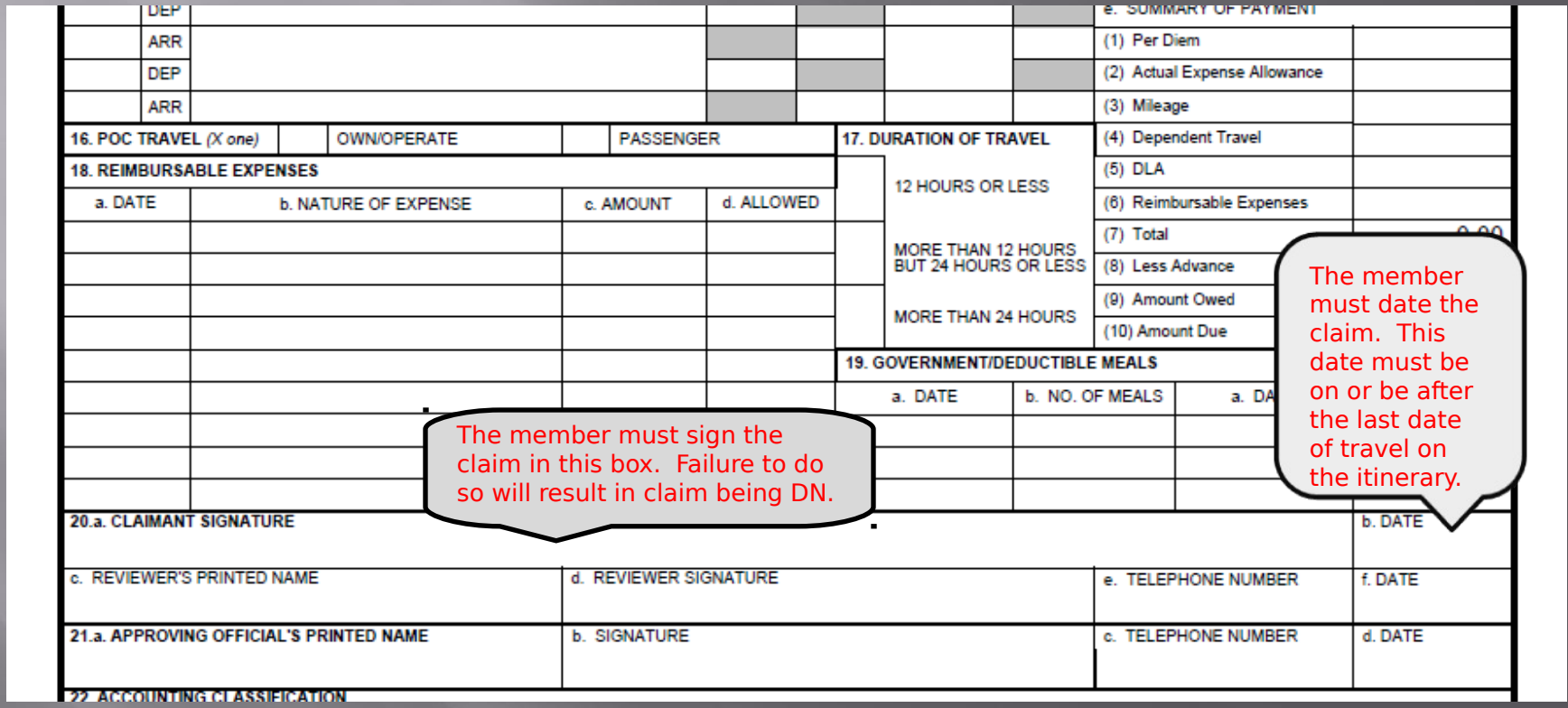
Box nineteen



This box must be filled out if one or both of two circumstances apply to the member.
1.The member has an endorsement that states "group travel with limited reimbursement" the member was forced to come out of pocket for one or two meals.
2.The member is TAD at a location and the member is provided a meal or two, but not all three. This also will be reflected in the endorsements. This most commonly applies to a member who attends a conference and only one meal is provided.

Complete box nineteen only for meals member was not provided and had to pay for "out of pocket".

Box twenty A. and B.



	DEP						e. SUMMARY OF PAYMENT	
	ARR						(1) Per Diem	
	DEP						(2) Actual Expense Allowance	
	ARR						(3) Mileage	

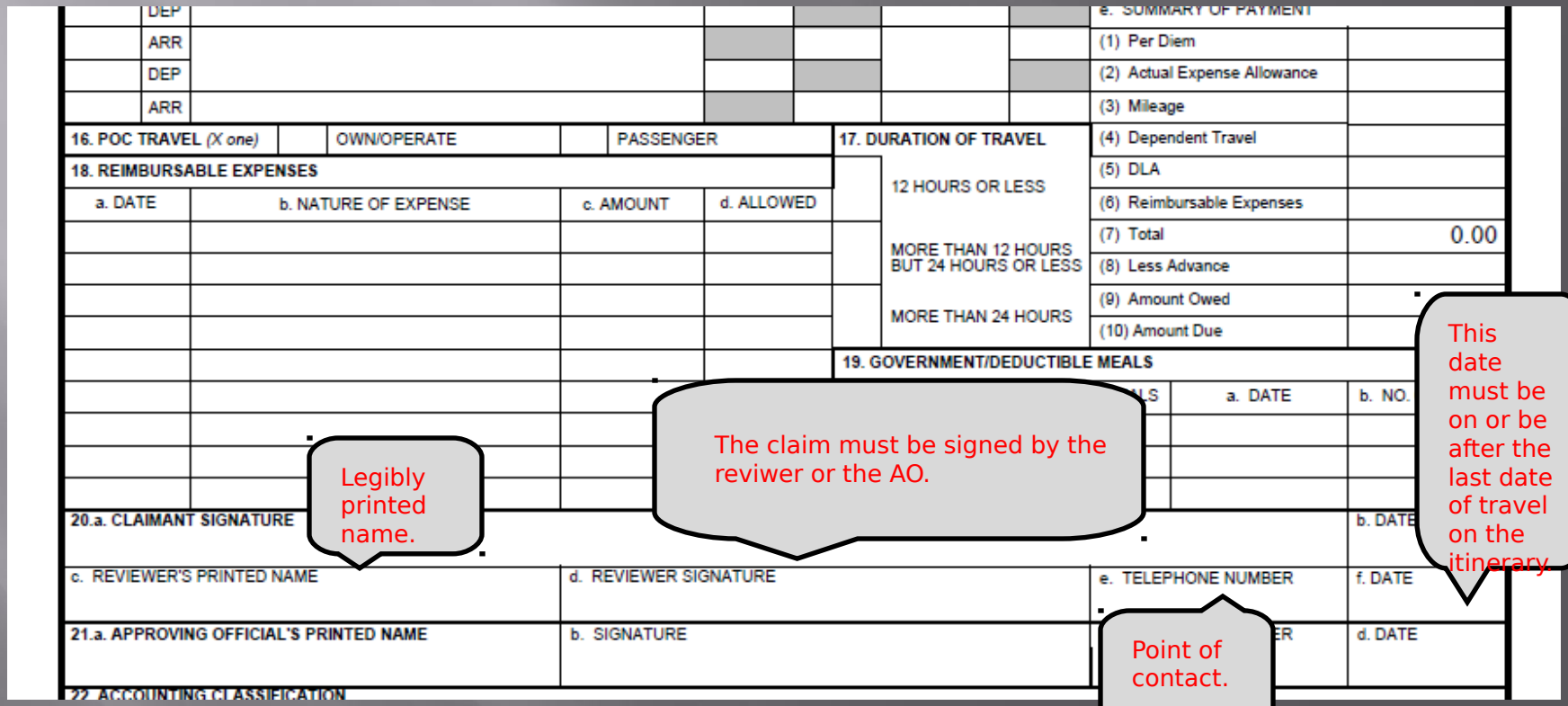
16. POC TRAVEL *(X one)*		OWN/OPERATE		PASSENGER	17. DURATION OF TRAVEL	(4) Dependent Travel
18. REIMBURSABLE EXPENSES						(5) DLA
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED		12 HOURS OR LESS	(6) Reimbursable Expenses
						(7) Total
					MORE THAN 12 HOURS BUT 24 HOURS OR LESS	(8) Less Advance
						(9) Amount Owed
					MORE THAN 24 HOURS	(10) Amount Due
					19. GOVERNMENT/DEDUCTIBLE MEALS	
					a. DATE	b. NO. OF MEALS

The member must sign the claim in this box. Failure to do so will result in claim being DN.

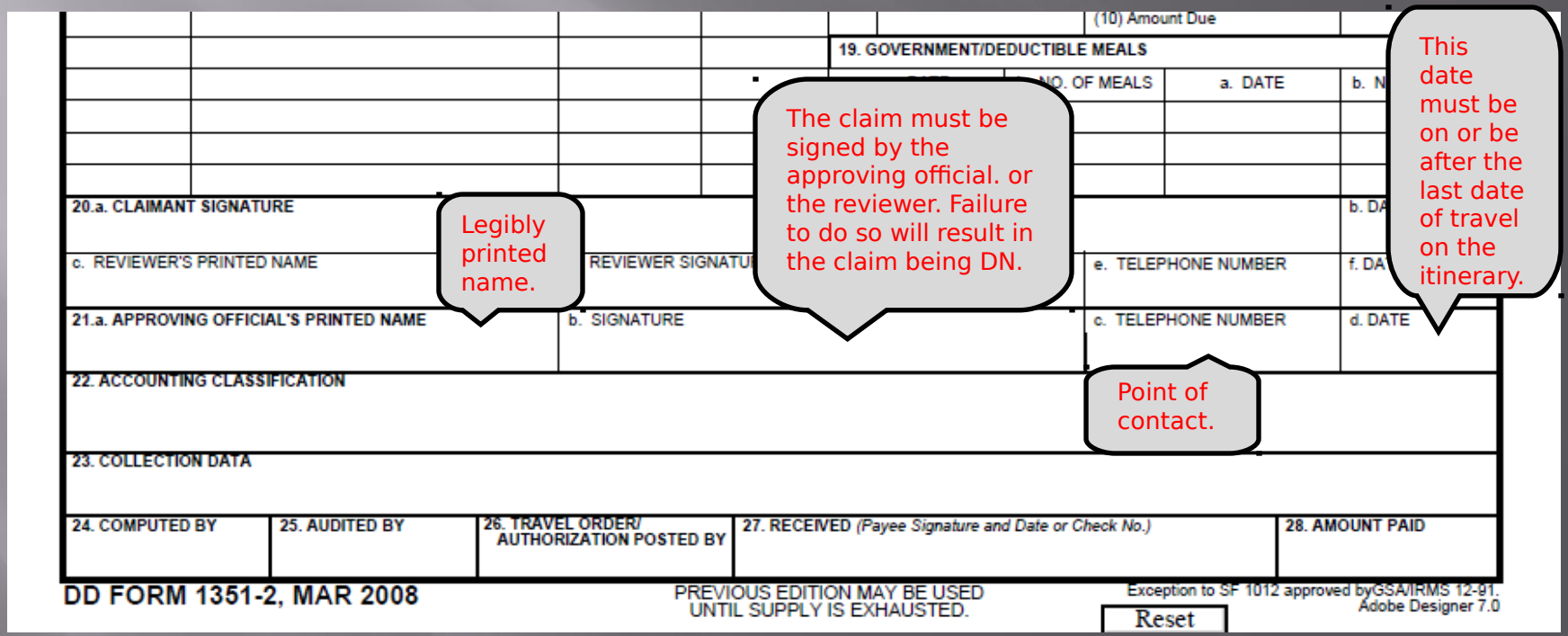
The member must date the claim. This date must be on or be after the last date of travel on the itinerary.

20.a. CLAIMANT SIGNATURE			b. DATE
c. REVIEWER'S PRINTED NAME	d. REVIEWER SIGNATURE	e. TELEPHONE NUMBER	f. DATE
21.a. APPROVING OFFICIAL'S PRINTED NAME	b. SIGNATURE	c. TELEPHONE NUMBER	d. DATE
22. ACCOUNTING CLASSIFICATION			

Box twenty C., D. and E.



Box twenty-one A., B., C. and D.


(10) Amount Due
19. GOVERNMENT/DEDUCTIBLE MEALS
NO. OF MEALS
a. DATE
20.a. CLAIMANT SIGNATURE
c. REVIEWER'S PRINTED NAME
e. TELEPHONE NUMBER
21.a. APPROVING OFFICIAL'S PRINTED NAME
b. SIGNATURE
c. TELEPHONE NUMBER
d. DATE
22. ACCOUNTING CLASSIFICATION
23. COLLECTION DATA
24. COMPUTED BY
25. AUDITED BY
26. TRAVEL ORDER/ AUTHORIZATION POSTED BY
27. RECEIVED (Payee Signature and Date or Check No.)
28. AMOUNT PAID
DD FORM 1351-2, MAR 2008
PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.
Exception to SF 1012 approved byGSA/IRMS 12-91.
Adobe Designer 7.0
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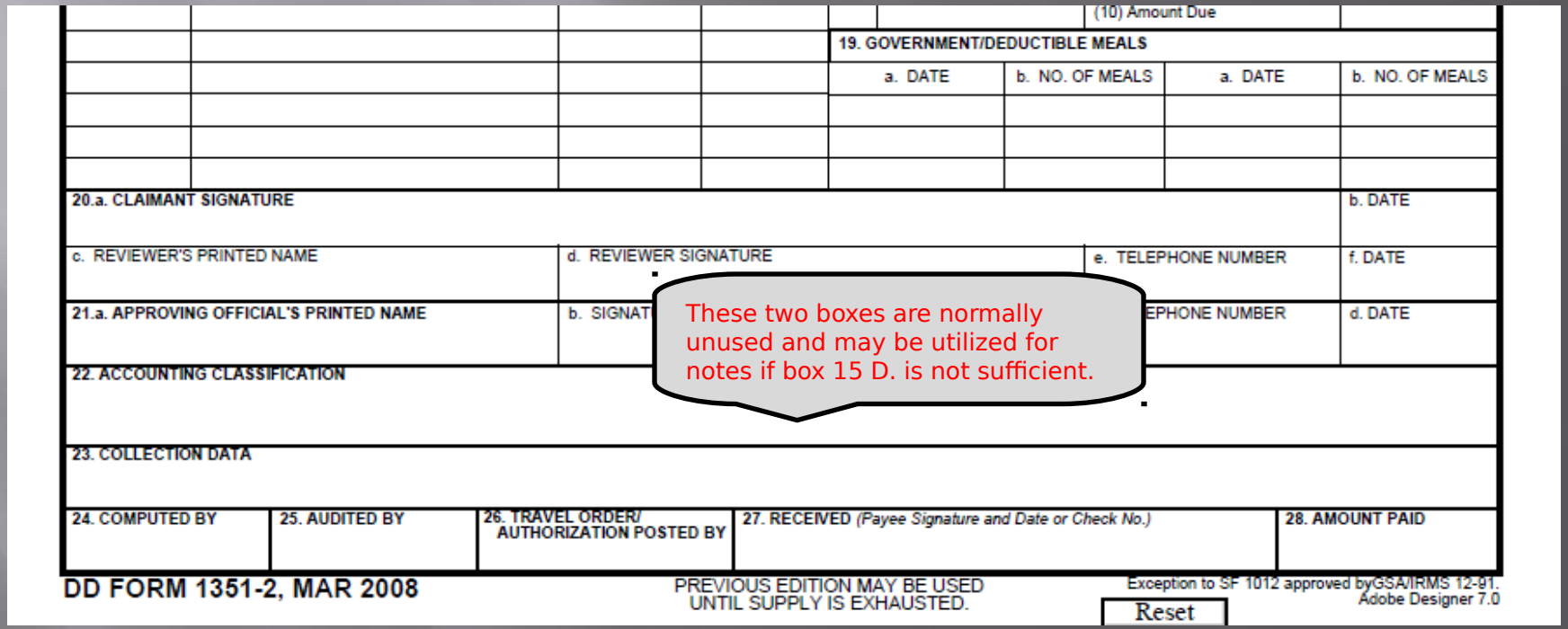
Legibly printed name.
The claim must be signed by the approving official. or the reviewer. Failure to do so will result in the claim being DN.
This date must be on or be after the last date of travel on the itinerary.
Point of contact.

Boxes twenty-two and twenty-three



					(10) Amount Due		
				19. GOVERNMENT/DEDUCTIBLE MEALS			
				a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS
20.a. CLAIMANT SIGNATURE							b. DATE
c. REVIEWER'S PRINTED NAME		d. REVIEWER SIGNATURE				e. TELEPHONE NUMBER	f. DATE
21.a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNAT				EPHONE NUMBER	d. DATE
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER/ AUTHORIZATION POSTED BY	27. RECEIVED *(Payee Signature and Date or Check No.)*				28. AMOUNT PAID

These two boxes are normally unused and may be utilized for notes if box 15 D. is not sufficient.

DD FORM 1351-2, MAR 2008 PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. Exception to SF 1012 approved byGSA/IRMS 12-91. Adobe Designer 7.0

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notes

- Remember, if a given box is not sufficient for the remarks needed, use multiple 1351-2 forms as required. Do not leave out information that may be important as to how a claim is paid or processed.

RECEIPT POLICY JFTR U2510

- ***The receipt must show when specific services were***

rendered or articles purchased, and the unit price

- Receipt required for each lodging expense regardless of

Amount and for each individual expenditure of $75 or more.

- **What is a valid receipt?** A receipt is a written acknowledgement that the vendor has been paid for providing goods or services. To be valid, it must show:
  - The name of the company providing the goods or services
  - When the specific services were rendered or articles purchased
  - The unit price
  - The final amount due and that it was paid